



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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University Recommendation for Administrative Principal Endorsement

Applicant Information (To Be Completed By The Applicant):			
Last Name:		First Name:	
Address:		Middle Initial:	
City:		State:	Zip Code:
Last Four Digits of SSN:	Birth Date:	Former Name(s):	
The remainder of this form must be completed & signed by the appropriate official from the college or university where you completed your Principal preparation program. NOTE: Please return original form to: OPI – Licensure PO Box 202501 Helena MT 59620-2501 NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.			
Name of College/University and location:			
Is your institution regionally accredited? <input type="radio"/> Yes <input type="radio"/> No	Name of regional accreditation agency: (i.e. Western Association of Schools & Colleges)		
Accreditation of the Administrative Principal Preparation Program	<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State Approved Program <input type="radio"/> Other i.e. Alternative route. (please describe) _____		
Type of Administrative Preparation Program Completed	<input type="radio"/> Elementary Principal	<input type="radio"/> Secondary Principal	<input type="radio"/> K-12 Principal
Type of Master's Degree	<input type="radio"/> Educational Leadership <input type="radio"/> Master's Degree related to Education (please describe) _____		
To qualify for a full license endorsed as an Administrative Principal, Montana requires the following course: Montana School Law Does the program the candidate completed contain the required Montana School Law coursework? <input type="radio"/> Yes <input type="radio"/> No			
I attest that the above named candidate <u>has completed</u> an administrator's preparation program. The program completed leads to licensure as a PRINCIPAL in the State of _____.			
Signature:			Date:
Printed Name:		Title:	
Email Address:	Phone Number:	College Seal	